

DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)

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Health Resources Board (HRB)

Elisabeth Massa, Executive Director Delaware Health Care Commission (DHCC)

HISTORY

- 1975: National Health Planning and Resources Development (NHPRDA) Act required all 50 states to convene oversight agencies and Certificate of Need (CON) programs
- 1978: Delaware's CON codified through House Bill 956 and placed within DHSS, Bureau of Health Planning and Resources Development
- I987: NHPRDA repealed along with associated funding and Delaware's CON program became the Health Resources Management Council.
- 1994: House Bill 331 established Health Resources Board (HRB)
- I999: CON replaced with Certificate of Public Review (CPR)
- 2012: HRB administrative support moved under DHSS, Office of the Secretary, DHCC and reviewed by Joint Sunset Committee



CERTIFICATE OF NEED (CON) STATES

Certificate of Need State Laws Legend CON program in place AK ME Variation on CON NH VT program* (click on map for details) MN ND WI MI MT NY MA RI WA No CON program WY SD IA IL. OH PA NJ CT ID IN No data DC NE MO OR CO DE NV KY WV MD NC CA ΑZ KS TΝ VA AR UT NM MS AL ОК LA SC GA ТΧ HI FL 3 PR VI

https://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

PURPOSE

- Foster cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services
- Protect statewide health care infrastructure necessary to meet expected and projected health care needs of all Delawareans.
- Assure there is continuing public scrutiny of certain health-care developments
 - Public scrutiny is to be focused on balancing concerns for cost, access, and quality
- Improve geographic and economic access to care for residents in Delaware



BOARD COMPOSITION

- I5 members (Chair, Vice Chair, and I3 other members)
- All members appointed by Governor
- Appointments 3-year term
 - Appointments staggered so no more than 5 appointments shall expire annually.
 - Governor may appoint for a term less than 3-years to ensure board members' terms expire on staggered basis
- Members represent all counties of the State and independent public



CURRENT HRB BOARD

Name	Appointment Designation				
Brett Fallon	Chair and Public at Large				
Edwin Barlow	Public at Large				
Theodore Becker	DHCC representative				
Elizabeth Brown	DHSS representative				
Michael Hackendorn	Labor representative				
Cheryl Heiks	Long-term care administration representative				
Leighann Hinkle	Representative involved in purchasing health-care coverage on behalf of State employees				
Vincent Lobo	Licensed to practice medicine in DE representative				
Julia O'Hanlon	Public at Large				
Pamela Price	Health insurance industry representative				
Margaret Strine	Public at Large				
Mark Thompson	Health care administration representative				
John Walsh	Public at Large				
VACANT	Representative of a provider group other than hospitals, nursing homes or physicians				
VACANT	Representative involved in purchasing health care coverage for employers with more than				
	200 employees				
VACANT	Vice Chair 6				

Quorum consists of at least 50% of the membership (8 members)

BOARD DUTIES AND RESPONSIBILITIES

- I. Develop a Health Resources Management Plan (HRMP)
- 2. Review CPR applications
- 3. Gather and analyze data and information needed to carry out its responsibilities
- 4. Address specific health care issues as requested by Governor or General Assembly
- 5. Adopt bylaws as necessary for conducting affairs
- 6. Coordinate activities with DHSS, DHCC, and other groups appropriate



RECENT HRB ACTIVITY: CPR APPLICATIONS

Calendar Year	CPR Applications received	CPR Applications approved	CPRs issued	CPR Applications rejected	CPR Applications withdrawn
2017	5	5	5	0	0
2018	8	8	8	0	0
2019	4	2	2	I	Ι
2020	Ι	3	3	0	0

RECENT HRB ACTIVITY: MEETINGS

Calendar Year	HRB Meetings	Public Hearings	Review Committee Meetings	Total
2017	5	I	8	14
2018	8	I	7	16
2019	7	2	I	10
2020	I	0	4	5

FISCAL YEAR 2020 HRB BUDGET

- Annual Budget \$44,700 (\$39,500 for contractual, \$5,200 for supplies)
- Revenue from filing fees (by calendar year):
 - **2017:** \$39,100
 - **2018:** \$40,100
 - **2019:** \$80,600
 - **2020:** \$7,500



2012 SUNSET REVIEW AND RECOMMENDATIONS

- I. Administrative and budgetary purposes, HRB relocated to DHSS/DHCC
- 2. Amend16 Del C. § 9303 (c) DHSS/DHCC responsible for administration and staffing
- 3. HRB reduced from 21 members to 15 members
- 4. Amend I 6 Del C. § 9303 (d) Require that when revising the HRMP, the Board shall conduct a public hearing
- Amend16 Del C. § 9303 (d) HRMP should be reviewed and approved by DHCC prior to submission to DHSS Secretary for final written approval
- 6. Amend I 6 Del C. § 9304 Clarify only for-profit acquisitions of a nonprofit health care facility area subject to CPR process

2012 SUNSET REVIEW AND RECOMMENDATIONS

- 7. Amend I 6 Del C. § 9303 to include Governor may remove a Board member
- 8. HRB with assistance from DHSS/DHCC shall conduct a comprehensive review of 16 Del C. c. 93 and the CPR program
- 9. HRB shall review and revise as needed the conflict of interest definition enumerated in the by-laws
- 10. HRB with assistance from DHSS/DHCC shall undertake a comprehensive review of the HRMP
- II. HRB shall review and revise current by-laws governing the Board to ensure consistency with Chapter 93
- 12. HRB shall develop a toolkit for the CPR process



ACCOMPLISHMENTS

- I0 of the I2 recommendations from the 2012 Sunset review have been completed (HRMP and by-laws revised)
- Since 2017, the Board has reviewed and rendered decisions on 20 CPR applications
- Adopted a more efficient nursing home (NH) bed need methodology to calculate NH bed projections
- In 2019, developed policies and procedures for the Board's first reconsideration hearing



CHALLENGES

- I. Recusals
- 2. Board vacancies (including Vice Chair position)
- 3. Appeals to Superior Court
- 4. Board decisions can be overturned by the General Assembly



OPPORTUNITIES

- I. Evaluate purpose and need of the CPR process
- 2. Fill vacancies or remove positions that have been historically vacant
- 3. Evaluate Board size and composition
- 4. Revise statutory language to clarify definition of quorum
- 5. Explore impact of including Assisted Living Facilities, Urgent Care, home health agencies, and hospice in the CPR process
- 6. Review and update the filing costs for capital expenditures



THANK YOU



Contact the DHCC: (302) 739-2730 DHCC@delaware.gov

